

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1							51			
2	2	1						52			
3								53			
4								54			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
<b>TOTAL IND.</b>								<b>TOTAL IND.</b>			
<b>TOTAL DEP.</b>								<b>TOTAL DEP.</b>			
<b>TOTAL CLAIMS</b>								<b>TOTAL CLAIMS</b>			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											